Headquarters U. S. Air Force

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Air Force Suicide Prevention Program (AFSPP)

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Behavioral Sciences Symposium

10 March 2004

Lt Col Rick L. Campise, Ph.D., ABPP

Chief, AFSPP

International Recognition

- Recognized leader in suicide prevention
- Numerous consultations with international, national, regional, and state agencies
- AF suicide rates are down 36% since 1996
- British Journal of Medicine (Dec 03)
- President's New Freedom Commission on Mental Health identified as model program (Jul 03)
- AFSPP Website received Silver Medal for Public Service (Apr 03) https://www.afms.mil/afspp
- Health and Human Services Best Practice (Dec 02)
- US Surgeon General Dr. David Satcher (May 01)

Rates Since Implementation

- **Where we were: CY Annual Average**
  - **1987 to 1991 71.0 deaths 12.7/100K**
  - **1992 to 1996 59.8 deaths 14.3/100K**

- **Where we are: CY Annual Average**
  - **1997 to 2003 33. deaths 9.2/100K**
  - **Program fully implemented in 1997**

- **Most recent data: CY Annual Average**
  - **2003 38.0 deaths 10.2/100K**

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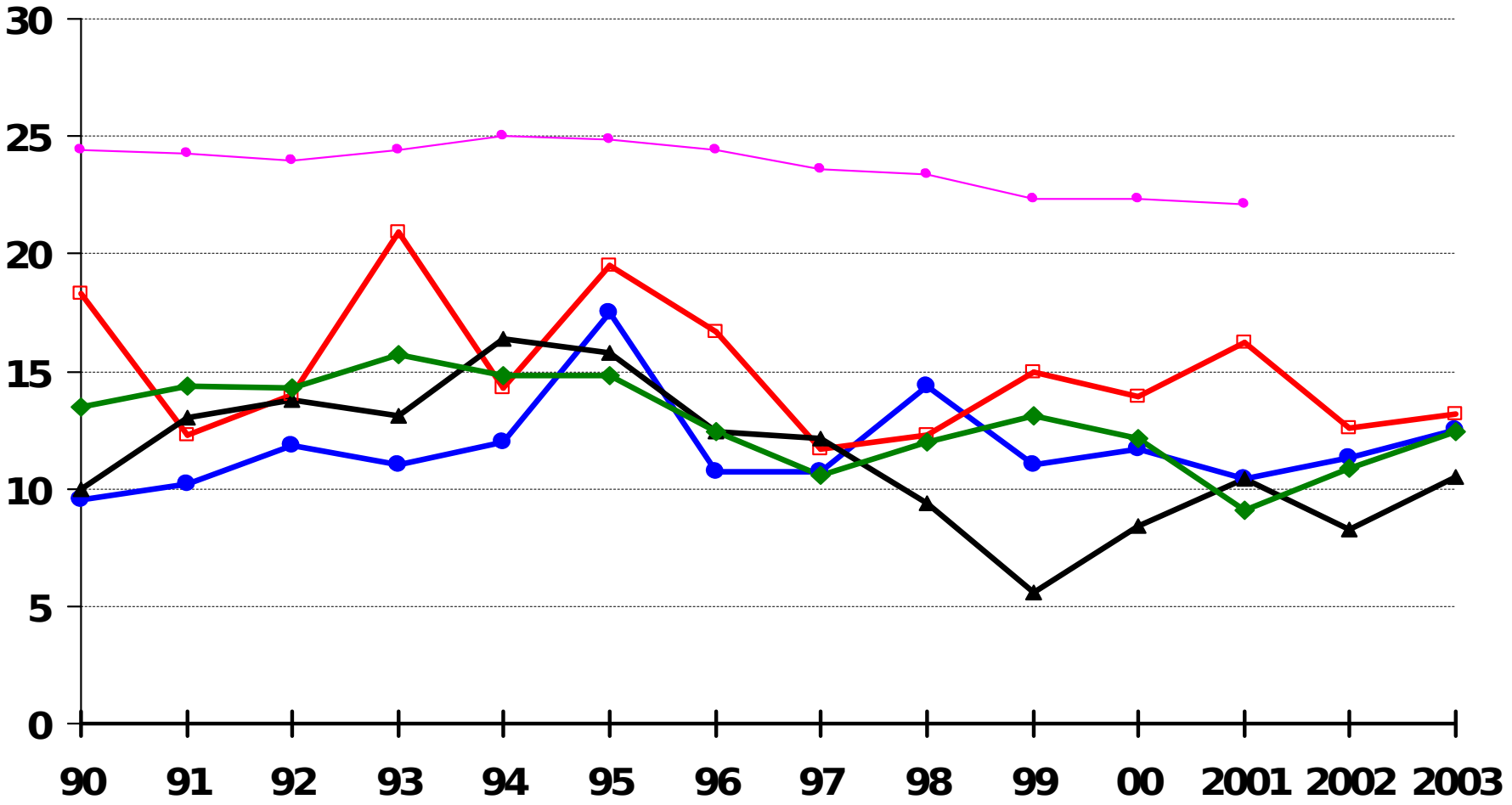
DoD CY Suicide Rates 1990-2003



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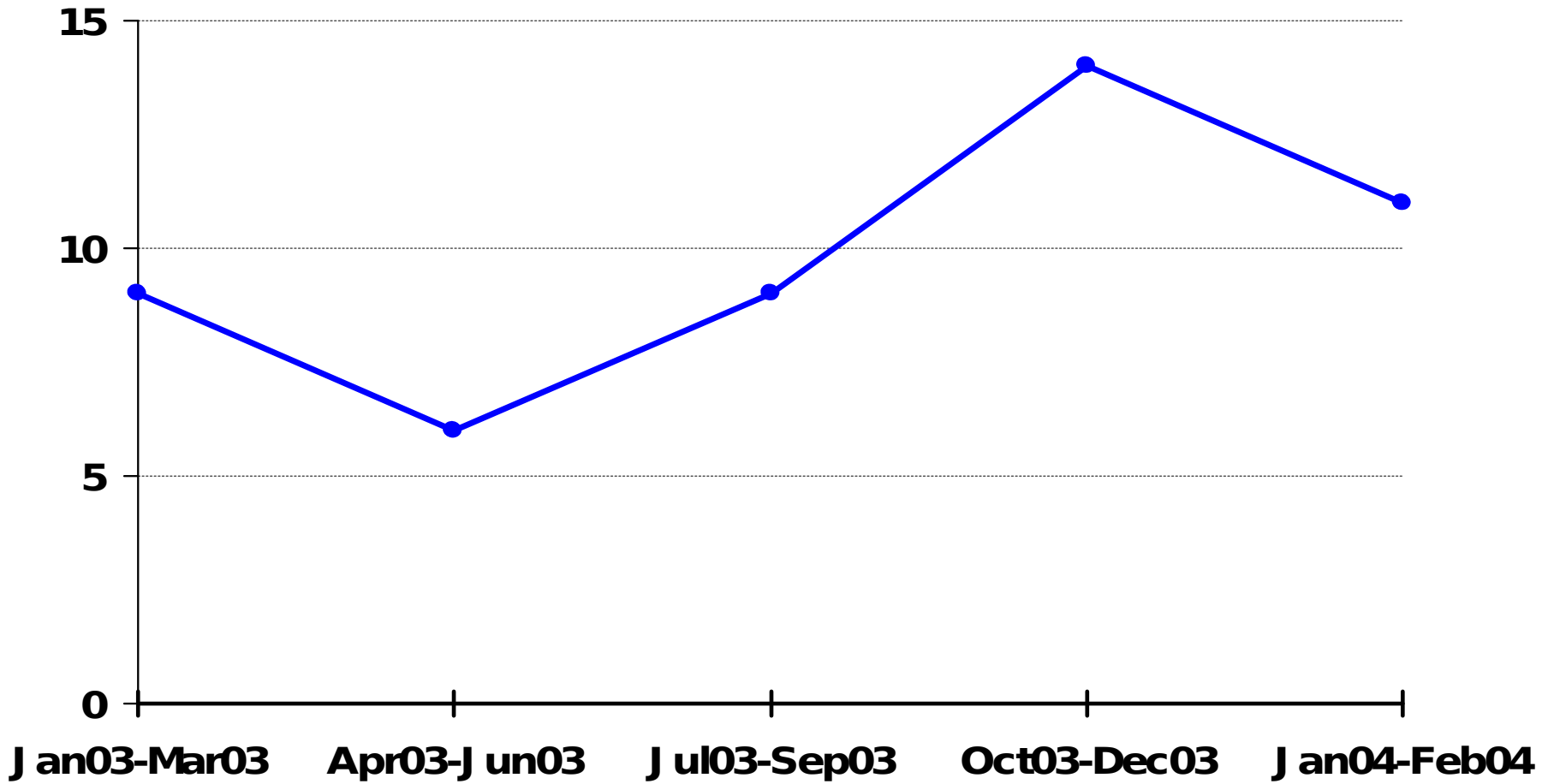
Air Force Suicides Per Quarter



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Oct 03 – Feb 04 Suicides by Date

4 Oct 03	8 Jan 04
6 Oct 03	8 Jan 04
12 Oct 03	10 Jan 04
15 Oct 03	4 Feb 04
16 Oct 03	4 Feb 04
20 Oct 03	5 Feb 04
6 Nov 03	17 Feb 04
11 Nov 03	17 Feb 04
15 Nov 03	18 Feb 04
18 Nov 03	23 Feb 04
26 Nov 03	24 Feb 04
10 Dec 03	
13 Dec 03	
14 Dec 03	

Oct 03 – Feb 04
21 Bases with Suicides

1-Barksdale
1-Dover
2-Elmendorf
1-Goodfellow (TDY to Ft. Huchuaca)
3-Hill
1-Hurlburt Field
2-Lackland
1-Little Rock
1-Minot
1-Maxwell element)
1-Mountain Home
1-Nellis
1-Offutt
1-Scott
1-Seymour Johnson
1-Sheppard
1-Tinker
1-Vandenburg
1-Wright-Patterson
1-Fairford RAB, UK
1- Geilenkirchen (NATO

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What Is Going On?

- CY03-38 Airmen lost to suicide; FY04-25 Airmen (as of 8 Mar 04)
- CY03-32 bases, 4 bases with multiple suicides; FY04-21 bases
- CY03-10.2/100K, CY04-16.1/100K (as of 8 Mar 04)
- Male
- 17-24 years of age (37% of AF, 47% of CY03 suicides)
- E-3s/E-4s (31% of AF, 53% of CY03 suicides, 60% FY04 suicides)
- Single or divorced (41% of AF, 63% of CY03 suicides)
- Romance, legal, substance, financial problems
- Primary modes of death are firearms and hanging
- 24% sought help at Life Skills month prior to death
- No in-theater OIF/OEF suicides

*Suicide data must be viewed with caution, majority of suicide cases have not been closed and data is subject to change

What Should We Do?

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- NO MAGIC SOLUTION
- NO MAGIC SOLUTION
- MUST RETURN TO OUR ROOTS-11 initiatives

- 17 Feb 04 AF/CVA Memo to MAJCOM/CVs "Assess and Re-Energize Suicide Prevention Programs"
  - Assess current application of 11 suicide prevention initiatives
  - Make changes where appropriate to re-energize prevention efforts

History:

11 Initiatives (AFPAM 44-160)

1. Leadership Involvement
2. Suicide Prevention in PME
3. Leaders as Gatekeepers
4. Community Prevention Services
5. Annual Suicide Prevention Training (AFI 44-154)
6. Investigative Interview Hand-Off Policy

History: 11 Initiatives (AFPAM 44-160)

7. Critical Incident Stress Management (AFI 44-153)
8. Created IDS, energized CAIB (AFI 90-501)
9. Established Limited Patient-Psychotherapist Privilege (AFI 44-109)
10. Behavioral Health Survey
11. Epidemiological Database & Surveillance System (SESS)

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What Can You Do?

- In the AF population of 372,000
- Go out and stop those 33 people who are going to kill themselves this year

- No, what you must do, is to do what you do, and do it well
- We reduce suicide by addressing quality of life issues on a daily basis
- Everything we do that addresses family violence, substance use, finances, physical health, mental health, spiritual well-being, relationships, etc., impacts suicide and whether people make the decision to remain alive

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What Can You Do?, Volunteer for AFSPP Projects.

- **Examples**
  - **Research "help seeking & career impact": Maj Rowan**
  - **Lessons learned: Maj Celie**
  - **CSAF memo: Maj Thomas-Lawson**
  - **CSAF memo and base article: Lt Col Blakely**
  - **Managing Suicidal Behavior: Maj Oordt and 50 others**
  - **Leaders Guide: Col Stea and 100 others**
  - **AF Suicide Prevention Program website: 30**
  - **Suicide presentations: Maj Oordt, Capt Bhagwat**
  - **Marital therapy WG: Col Wiggins, Maj Oordt, Maj Nedegaard, Maj Blakely, Capt Bhagwat, Capt Orraca, every base**
  - **Mental health records WG: Col Durand and 20 others**
  - **Gender Issues in a deployed environment: Maj Colasanti, Maj (s) Dobmeyer, Capt Blackman, Tib Campise, Lt Col Stone, Maj Galbreath, Capt Fyffe, Capt Jackson-Oakley, Capt Owen (Sep 03)**
  - **Deployment PPTs (Jun 02)**
  - **Anyone who has responded to an information request!!!!**

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What Can You Do?, Cont

- Familiarize yourself with the AFSPP
  - AFI 44-154 (Jan 03), AFPAM 44-160
  - AFSPP Website https://www.afms.mil/afspp (Dec 02)
  - AF Guide for Managing Suicidal Behavior (Dec 02)
    - Video-Assessing Suicidality (Nov 03)
    - Video-Managing Outpatients (Nov 03)
    - Video-Consulting with Leaders (Nov 03)
  - Leaders Guide for Helping Personnel in Distress (Jan 04)
    - Video-Consulting with Mental Health (ECD 04)

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What Can You Do?, Cont.

- **Familiarize yourself with:**
  - **Community Suicide Prevention Briefing CD**
  - **Leadership Suicide Prevention Briefing CD**
  - **Video: Everyone's Willingness to Care (Jan 03)**
  - **Video: Supporting Those Left Behind (May 03)**
- **Educate others**
- **Become active in base IDS**
- **Provide feedback**

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What Can You Do?, Cont.

- **Products to be released in 04**
  - **Leader's Guide for Managing Personnel in Distress (Jan 04)**
  - **2004 Community Suicide Prevention Briefing CD (ECD May 04)**
  - **2004 Leadership Suicide Prevention Briefing CD (ECD May 04)**
  - **Post-Investigative Interview Handouts (ECD Jul 04)**
  - **Integrated Delivery System-Consultation Assessment Tool (Aug 04)**
  - **Video-Consulting with Mental Health (ECD 04)**

Why Devote So Many Resources to Suicide Prevention?

- **Personally**
- **Overall Quality of Life**
- **Institutionally**

Results If We Did Not Change

- **Rates**
  - **1990 to 1996 13.5/100K 355 Lives Lost**
  - **1997 to 2003 9.2/100K 230 Lives Lost**
- **Lives saved by decreasing suicide rate**
  - **125 Airmen**
  - **Fathers/mothers, brothers/sisters, husbands/wives, sons/daughters, friends**
  - **Supervisors/supervisees/co-workers**
  - **Flyers, maintenance, security forces, support, services, medical/dental, legal, intelligence, etc.**

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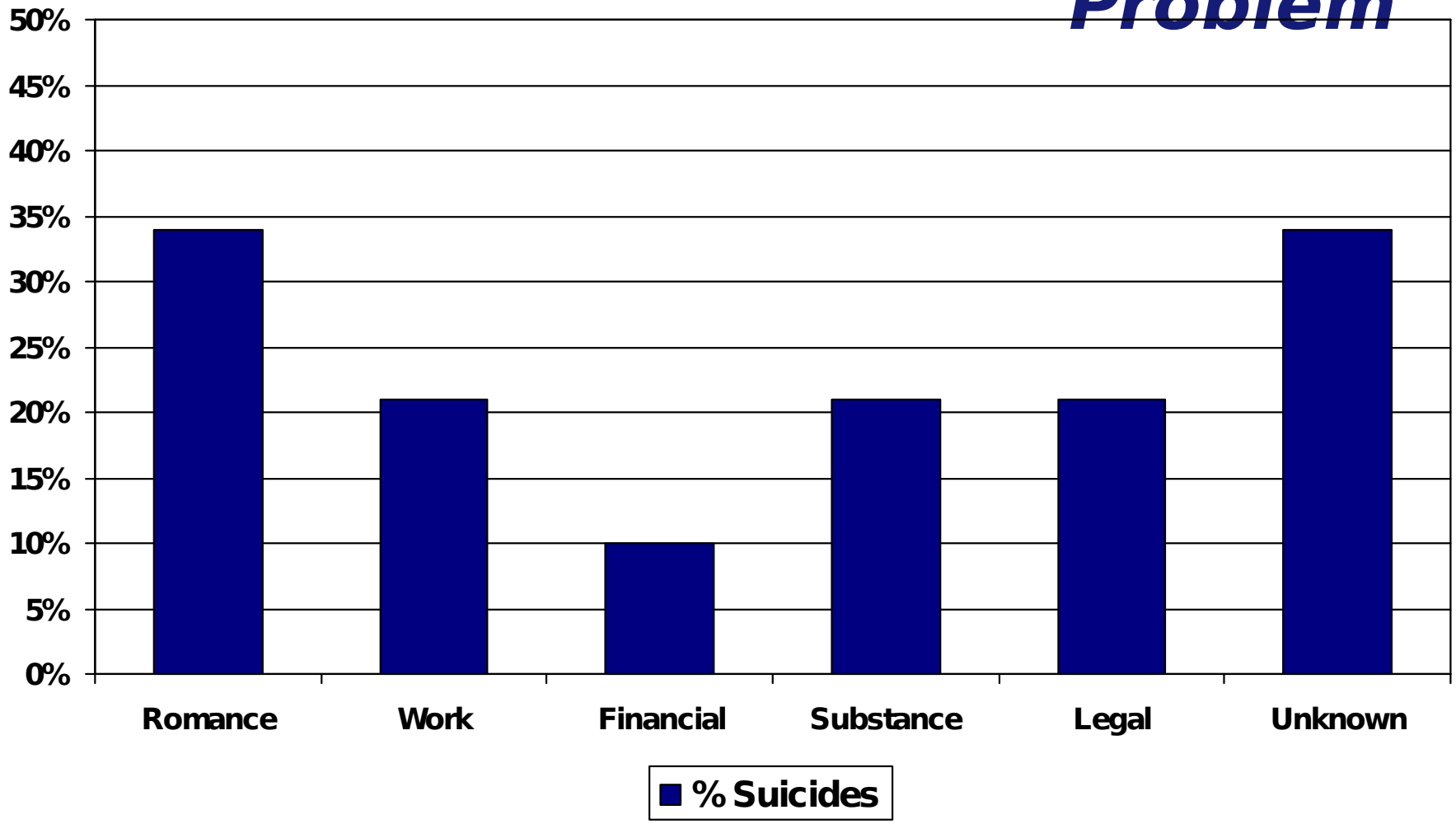
Jan 03 – Dec 03 Percentage of AF Suicides By Types of Problem



Research Partnerships: Completed

- **Retrospective evaluation of AFSPP effectiveness: University of Rochester Center for the Study of the Prevention of Suicide; $30K, NIMH & WRAIR (Dec 03)**
- **Mental Health-Career Impact and Confidentiality: 8 bases, Maj Andy Rowan & Lt Col Rick Campise (Dec 03)**
- **Clinical Care of Suicidal Outpatients in Two Air Force Life Skills Support Centers: Catholic University, Dr. Dave Jobes & Capt John Drozd (Nov 03)**

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Research Partnerships: Current

- **NORTH STAR (New Orientation for Reducing Threats to Health from Secretive-problems That Affect Readiness): Develop method of estimating prevalence of family violence, substance abuse, and suicidality; New York State University-Stonybrook; $1.8M, DoD PRMRP; Jan 03-Dec 05**
- **RAPTOR (Rochester/Air Force Prospective InTervention Outcome Research project): Identify and refine components of AFSPP that are most effective; University of Rochester; $727K, NIMH; Jul 02-Jun 07**

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Research Partnerships: Current, Cont.

- **Points of intervention and suicide subtypes: Dr. David Rudd, Baylor University, Dr. Dave Jobes, Catholic University, Lt Col Rick Campise (package in coordination)**
- **Deployment experiences of mental health staff members (Maj Andy Rowan & Lt Col Rick Campise) (ECD Dec 04)**

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Mental Health Deployment Survey

- **Problem:**
  - **A wealth of deployment experience is unshared, resulting in a lack of “real world” experience in local readiness training and a lost opportunity to enhance deployment preparation**
- **Proposed Solution:**
  - **Capture experiences/lessons learned and make available to the field for incorporation in training**
- **Planned Actions:**
  - **Survey MH providers/nurses/techs deployed since ‘97**
  - **Create database of results and make accessible on the Web**
- **Expected Result:**
  - **Training enhanced with real world experience**
  - **Deploying personnel more aware of what to expect/how to prepare**

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MH Deployment Survey, Cont.

- Deployment Survey Contact Log
  - Please provide name, DSN, and e-mail
  - Check whether willingness to
    - Complete the survey
    - Speak with individuals preparing for deployment
- Complete the Survey
  - Voluntary/Anonymous
  - Takes 10-20 minutes
  - Preferably today
  - Return to Maj Rowan or Lt Col Campise
  - Make sure we check your name off when returned

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Expanded Slides

- **AFSPP Website**
- **2003 Community Suicide Prevention Briefing**
- **2003 Leadership Suicide Prevention Briefing**
- **AF Guide for Managing Suicidal Behavior**
- **Leaders Guide for Managing Personnel in Distress**

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Air Force Suicide Prevention Program

Website

https://www.afms.mil/afspp/

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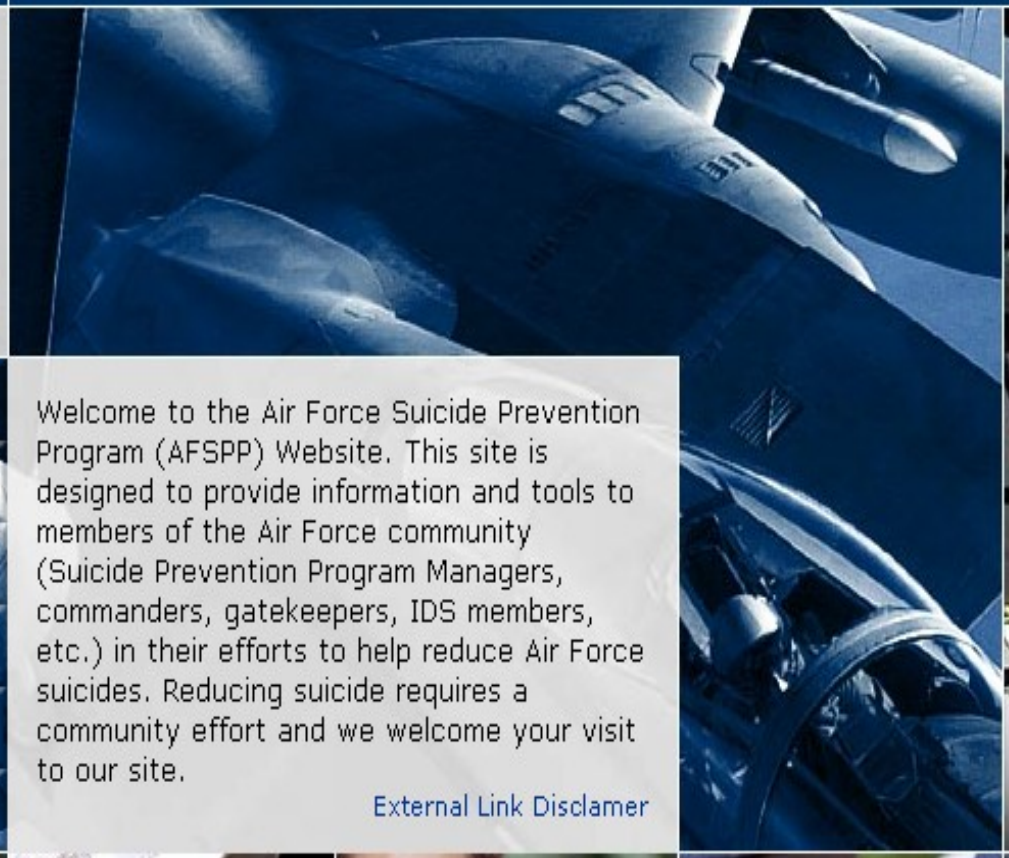


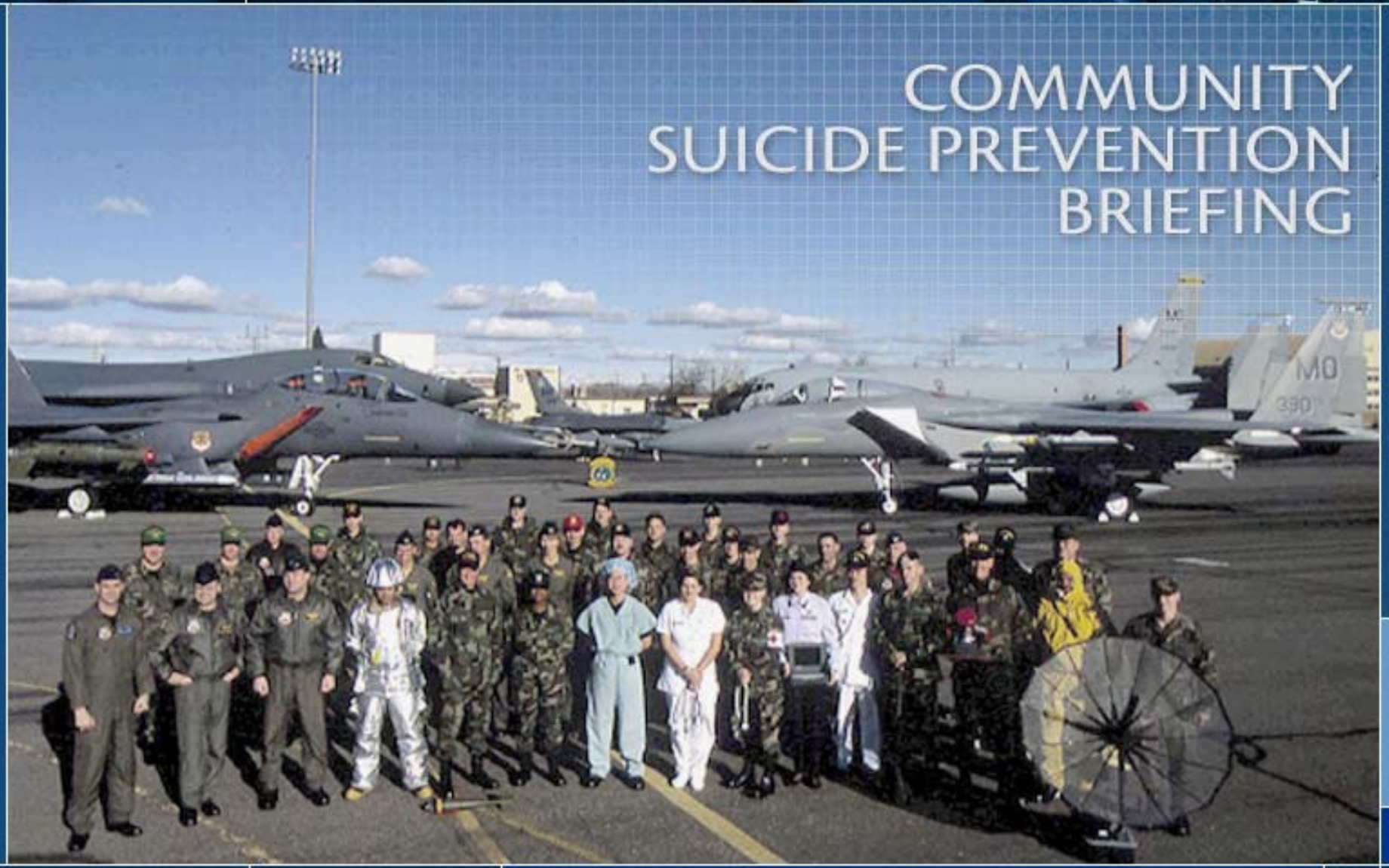
- AFSPP Overview
- Getting Started
- Products
- Policy and Guidance
- Resources
- Press

Welcome to the Air Force Suicide Prevention Program (AFSPP) Website. This site is designed to provide information and tools to members of the Air Force community (Suicide Prevention Program Managers, commanders, gatekeepers, IDS members, etc.) in their efforts to help reduce Air Force suicides. Reducing suicide requires a community effort and we welcome your visit to our site.

External Link Disclamer

- Feedback
- Sitemap
- FAQs

COMMUNITY SUICIDE PREVENTION BRIEFING



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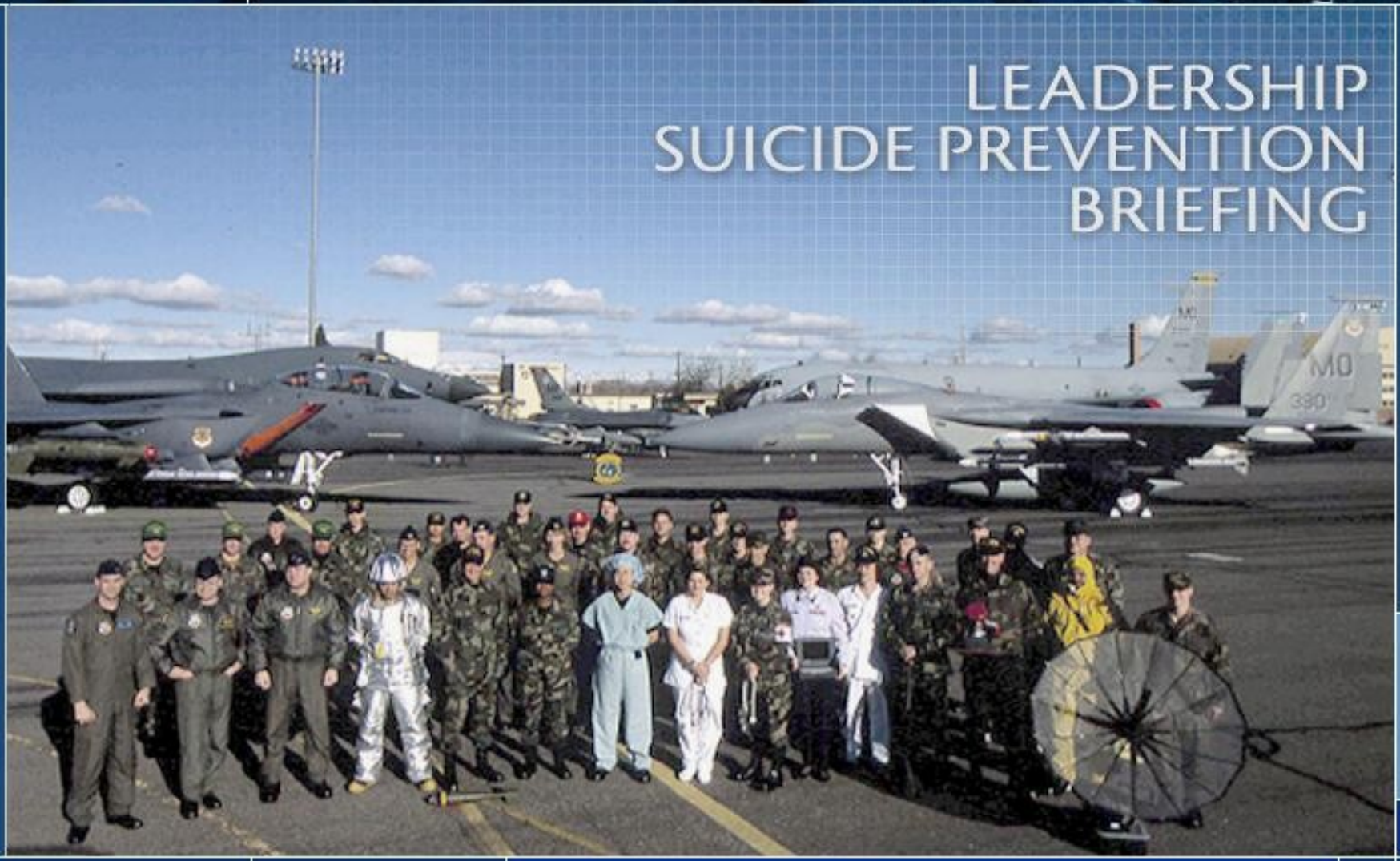
2003 Community Suicide Prevention Briefing

- Designed for general audiences
- Theme: Suicide prevention requires a community effort from each one of us
- 20 Slides
- Starts and ends with video by General Jumper
- Uses sophisticated graphics
- Meets AFI 44-153 requirements for suicide prevention briefing

LEADERSHIP SUICIDE PREVENTION BRIEFING



2003 Leadership Suicide Prevention Briefing

- **Designed for leaders at MAJCOM Wing, Group, and Squadron CC Courses but can be given in any setting to any AF leader**
- **Theme: Suicide prevention is the responsibility of the entire Air Force community. As leaders we are responsible for creating a culture that encourages help seeking and suicide prevention.**
- **21 Slides**
- **Starts and ends with video by General Jumper**
- **Uses sophisticated graphics**

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Air Force Guide for Managing Suicidal Behavior: Strategies, Resources, and Tools

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Clinical Guide: Introduction

- Clinical guide for AF mental health providers for the assessment and management of suicidal behavior
  - 18 Recommendations
    - Strategies, tools, and resources for meeting each recommendation
  - 12 Appendixes
    - Templates and examples

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Clinical Guide: Recommendations

- **Assessment of suicide risk**
- **A decision-making framework**
- **Outpatient management strategies**
- **Documentation strategies**
- **Coordinating with inpatient care**
- **Clinic support and peer consultation**
- **Ensuring continuity of care**
- **Links with the community**

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Clinical Guide: Appendixes

- Process of care flow chart
- Template for operating instruction
- Suicide assessment instruments table
- Suicide status form
- Suicide tracking form
- Crisis response plan cards
- Sample risk assessment documentation
- Suggested SF 600 suicide assessment overprint
- Sample MOU with civilian inpt care facilities
- Template client information sheet
- Sample no-show letter
- Access to care handout

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Leaders Guide for Managing Personnel in Distress

- Home
- AF/CVA Memo
- Main Index
- Settings & Layout
- Using The Guide
- Executive Summary
- Community Resources
- Leadership In Action
- Glossary
- Key Word Index
- Acknowledgements

Leader's Guide For Managing Personnel in Distress

Welcome to the United States Air Force Leader's Guide for Managing Personnel in Distress

This guide is UNCLASSIFIED and For Official Use Only (FOUO).

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Leader's Guide Overview

- Designed to help leaders
  - Recognize and respond to distress
  - Active duty and civilian unit members
- Guide development
  - 24 month project
  - Working group: Commanders, First Shirts, IDS members, program managers (Family Advocacy; Suicide Prevention; Alcohol/Drug), MAJCOM Behavioral Health Consultants, AF Safety, civilian experts, content experts throughout AF
  - Involvement of over 100 individuals

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Organization

- CD, 35 areas of distress
- Each topic
  - Overview
  - Relevant policy
  - Suggested resources
  - References
- Checklist
  - Scenarios
  - Behaviors/signs
  - General support actions

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Topics

- Alcohol and drug abuse
- Anxiety
- Civilian personnel
- Critical incidents/unit death/pre-exposure prep
- Depression
- Domestic violence and family maltreatment
- Suicidal behaviors
- Work related violence
- Work related stressors
- New assignment/PCS

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Topics, Cont.

- Special family needs
- Legal problems
- Medical problems
- Sexual assault and rape
- Sexual harassment/stalked
- Physical assault
- Automobile accident
- Robbery/burglary/crime victim
- Relationship/marital problems
- Death of someone close

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Topics, Cont.

- Fire/destruction of property
- Financial pressures
- Separation/retirement
- Support during administrative separation
- CDEs/profiles/medical boards
- Psychiatric hospitalization
- Following personnel in distress
- IDS & other community organizations/resources
- Deployment and operational stressors

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Topics, Cont.

- Unintentional injury and safety
- Work performance problems
- Natural helpers-B.A.S.I.C. peer support
- Self care in distress prevention
- Leadership in action – strategies for distress prevention and management
- Deployments

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Delivery

- Released Jan 04
- CD distributed via
  - MAJCOM Behavioral Health Consultants
  - MAJCOM IDS Chairs
  - MAJCOM New SQ, Group, Wing CC Courses
  - First Shirt Academy, PME
  - Behavioral Health and Line Conferences
  - Download from https://www.afms.mil/afspp
  - Share with AFRC and ANG

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Example: Suicide

I. Overview

- Identifying Individuals at Risk
- Ways to Respond
- Intervening When Immediate Help is Required
- What Leaders Can Expect From Mental Health
- Suicide of a Unit Member

II. Relevant Policy

III. Suggested Resources

Suicidal Behaviors--Checklist

PRINT

SPECIFIC SITUATIONS	BEHAVIOR/SIGNS	GENERAL SUPPORTIVE ACTIONS
A member displays behaviors suggestive of risk for suicide	☐ Comments that suggest thoughts of suicide ☐ Giving away possessions ☐ Uncharacteristic risk taking (e.g., reckless driving) ☐ Appearing overwhelmed by recent stressor(s) ☐ Displaying significant change in mood ☐ Displaying poor impulse control ☐ Significant change in workplace performance ☐ Seeing situation as hopeless ☐ Obsessing about death, dying, etc. ☐ Making amends or challenging people in an aggressive manner ☐ Acquiring a method for suicide (e.g., buying a handgun) ☐ Rehearsing suicidal acts	☐ Ask "How are you doing?" "Is there anything I can do to help?" ☐ Inquire directly about whether he or she is considering suicide ("Have you had thoughts about wanting to harm or kill yourself?") ☐ Keep them safe--do not leave them alone ☐ Take steps to remove potential means of self-harm including firearms, pills, knives, and ropes ☐ If suicidal thoughts are present, encourage voluntary evaluation at LSSC immediately. Escort person to LSSC. Verify with LSSC that member was evaluated. ☐ If member declined to self-refer, initiate an emergency Commander Directed Evaluation ☐ Involve the Security Forces if agitated or combative ☐ If you need answers to specific questions in order to make a decision i.e., appropriateness for certain duties or retention in the Air Force, request a commander directed evaluation ☐ If hospitalization is required, inquire with LSSC about what assistance is needed (e.g., arranging for child care or pet care)

SPECIFIC SITUATIONS	BEHAVIOR/SIGNS	TAILORED SUPPORT
Behavioral health provider informs you that the member is at increased risk for suicide, but member refuses treatment and does not meet criteria for involuntary hospitalization	☐ Same as above	☐ Communicate a personal desire to see the member return to well-being and to full functioning as soon as possible ☐ Express concern and encourage professional help-seeking ☐ Inquire as to whether the individual has at least one source of support. If needed, try to find an acceptable support person, such as the chaplain or peer ☐ Inquire about barriers of seeking help at LSSC ☐ Remove from duties involving access to weapons, poisons, etc. ☐ Collaborate with LSSC to develop plan to monitor risk and provide support. Frequent follow-up will be important ☐ Take steps to limit access to personal firearms, medications, or other potential means of suicide (work with the member and consult with family members, roommates, etc). Consult with SJA and Security Forces

The member is under suspicion or investigation for a UCMJ violation and shows evidence of suicidality	☐ Talking about suicide ☐ Depressed mood or agitation worsens ☐ Increasing hopelessness	☐ Consider LPSP program ☐ Discuss the nature of the protections with the member
The member is in treatment at LSSC but condition is worsening	☐ Increasingly impaired work performance ☐ Depressed mood or agitation worsens ☐ Increasing social isolation ☐ Worsening personal appearance ☐ Bizarre or unusual behavior ☐ Talking of suicide ☐ Noticeable change or decline after a period of stability	☐ Collaborate with LSSC to develop plan to monitor risk and provide support ☐ Take steps to limit access to personal firearms, medications or other potential means of suicide (work with the member and consult with family members, roommates, etc). Consult with SJA and Security Forces. ☐ Communicate a personal desire to see the member return to well-being and to full functioning as soon as possible

QUESTIONS?